

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) <u>DR JAVITA MCKINNEY</u>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>4216 PALAZZO ST</u>		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <u>SEBRING, FL 33872</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <u>Republican</u>	5. Office Sought <u>U.S. House</u>	6. State & District of Candidate <u>Florida District 18</u>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>JAVITA MCKINNEY CAMPAIGN FUNDS</u>
(b) Address (number and street) <u>4216 PALAZZO ST</u>
(c) City, State, and ZIP Code <u>SEBRING FL 33872</u>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) <u>N/A</u>
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <u>X JAVITA MCKINNEY</u>	Date <u>X 6/04/22</u>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Saboring FL 33672  
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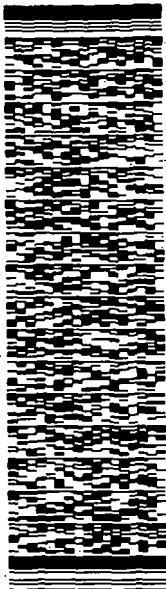
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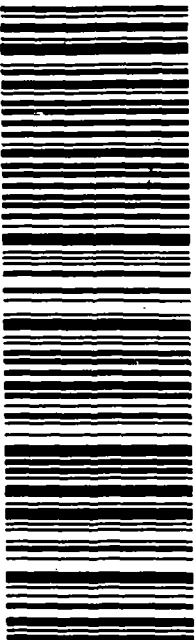


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 PREPARER	<b>06/10/22</b> DATE PREPARED

(3/2015)